

**APPENDIX C**

**U.S. DEPARTMENT OF TRANSPORTATION  
SMALL BUSINESS INNOVATION RESEARCH PROGRAM  
CONTRACT PRICING PROPOSAL  
FY11.2**

Topic No:				
Offerors Project Title:				
Name of Offeror:				
Address:				
City, State, Zip:				
Offerors Point of Contact:				
Title of Offerors Point of Contact:				
Telephone:				
E-mail:				
DUNS No. If available:				
Tax Identification No. If available:				
To best of my knowledge and belief, cost and pricing data are accurate, complete, and current as of the date of signature below.				
THE COST PROPOSAL MUST BE SIGNED BY A RESPONSIBLE OFFICIAL OF THE FIRM.				
Printed Nme _____				
Title _____				
Signature _____ Date _____				
1	<b>Total Firm Fixed Price Proposal Amount</b>			\$ _____
2.	<b>Direct Material Costs</b>			
	a. Purchased Parts & Subcontracted Items			\$ _____
	Description	Unit Price	Qty	Total
	b. Raw Materials			\$ _____
	Description	Unit Price	Qty	Total
	c. Standard Commercial Items			\$ _____
	Description	Unit Price	Qty	Total
	<b>Total Direct Materials (TDM)</b>			\$ _____
3	<b>Materials Overhead</b>			
			Rate	Amount
	<b>Total Material Overhead (TMO)</b>		_____ %	\$ _____
4	<b>Total Materials (TDM + TMO)</b>			\$ _____
5	<b>Direct Labor</b>			

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	Type / Personnel		Hours	Rate (\$ / Hr)	Cost
					\$
					\$
					\$
	<b>Total Direct Labor (TDL)</b>				\$
6	<b>Labor Overhead (TDL x Overhead Rate)</b>				
			Rate		Amount
	<b>Total Labor Overhead (TLO)</b>			%	\$
7	<b>Labor: Fringe Benefits (TDL x Benefit Rate)</b>				
			Rate (% or \$ / Hr)		Amount
	<b>Fringe Benefits</b>				\$
8	<b>Total Labor (TDL + TLO + Fringe)</b>				Amount \$
9	<b>Direct Costs: Special Testing (Include field work at Government installations)</b>				
	Item & Anticipated Use		Unit Cost		Estimated Cost
					\$
					\$
					\$
					\$
	<b>Estimated Total Special Testing</b>				\$
10	<b>Direct Costs: Special Equipment</b>				
	Item & Anticipated Use		Unit Cost		Amount
					\$
					\$
					\$
	<b>Estimated Total Special Equipment</b>				\$
11	<b>Direct Costs: Travel</b>				
	Travel Location	Mode of Travel	# of Trips	Per Diem	Amount
					\$
					\$
	<b>Travel</b>				\$
12	<b>Direct Costs: Consultant Services</b>				
	Description of Service				Amount
					\$
					\$
	<b>Total Consultant Services</b>				\$
13	<b>Direct Costs: Other Direct Costs (ODC)</b>				
	Item & Anticipated Use		Unit Cost if applicable		Amount
					\$
					\$
					\$
	<b>Total Other Direct Costs</b>				\$

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14	<b>Total Direct Costs</b> (TDC) (Sums of Line No. 9 – 13)		Amount
			\$ _____
15	<b>General &amp; Administrative Expense</b> (Total Materials + Total Labor + Total ODC) x Rate)		
		Rate %	Amount
		_____	\$ _____
16	<b>Royalties</b>		
	Description		Amount
	Total		\$ _____
17	<b>Total Cost</b> (Sums of lines 4, 8, 14, 15 & 16)		Amount
			\$ _____
18	<b>Profit</b> (Total Cost x Profit Rate)		
		Rate %	Calculated Amount
		_____	\$ _____
19	<b>Total Firm Fixed Price Amount</b> (Total Cost + Profit)	\$ _____	
20	<p>An executive agency of the United States Government ____ has ____ has not performed any review of your accounts or records in connection with any other Government prime contract or subcontract within the past twelve months? If one has, then provide a copy of the audit report and the name and address of the reviewing office, name of the individual and telephone/extension below</p> <p>_____</p> <p>_____</p>		
21	<p>Government property ____ is ____ is not required in the performance of this proposal? If yes, identify.</p> <p>_____</p> <p>_____</p>		
22	<p>Government contract financing ____ is, ____ is not required to perform this proposed contract? If yes, specify type as advanced payments or progress payments.</p>		